

Indianapolis. Indiana

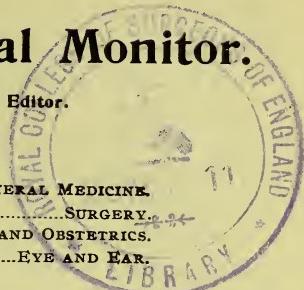
1900, III. 307 - 313 10.

The Medical and Surgical Monitor.

SAMUEL E. EARP, M. S., M. D., Managing Editor.

DEPARTMENT EDITORS:

ALLISON MAXWELL, M. D.....	GENERAL MEDICINE.
JOSEPH EASTMAN, M. D., LL.D.....	SURGERY.
THOMAS B. EASTMAN, A.B., M. D.....	GYNECOLOGY AND OBSTETRICS.
JOHN L. MASTERS, M. D.....	EYE AND EAR.



In the department of Original Communications no effort will be spared to obtain articles both authoritative and practical.

An earnest invitation is extended to the members of the profession to assist in making this department interesting, instructive and indispensable. While some space will be given to matters speculative, it is desirable that contributors limit themselves, as much as possible, to the details of personal observation and experience.

The editors assume no responsibility for the views of contributors.

HEMOPHILIA, WITH REPORT OF AN AGGRAVATED CASE.

BY

JOHN L. MASTERS, M. D.

Professor of Diseases of the Eye and Ear, Central College of Physicians and Surgeons, Indianapolis.

Hemophilia is a condition of the constitution, either hereditary or congenital, in which there is a tendency to profuse and often uncontrollable hemorrhage, which may be spontaneous or the result of traumatism. Certain joint symptoms are also present in a number of cases.

Heredity plays a very important part in the causation of the disease, it being found that the great majority of bleeders had one or more ancestors who were similarly afflicted. But there are cases in which it is impossible to find any history of parental bleeding. Such spontaneous cases are often the origin of bleeder families. Males are much more frequently bleeders than females. The proportion is as great as 11 to 1 or 13 to 1. The tendency to transmission is very marked and can often be traced through several generations. The most frequent mode of transmission is from an afflicted father to a daughter, who escapes, but whose sons suffer, her daughters escaping, but they transmit the tendency to their sons.

The bleeding tendency shows itself in the first year of life in more than 50 per cent. of bleeders, and it rarely appears after the twelfth year. There is nothing especial in the way of temperament, constitution, etc., to mark bleeders so they may be known before a hemorrhage appears; neither does it attack any special race, class or condition of society.

Attention has been called to the great fertility of bleeders. There is usually nothing to call attention to the patient as a bleeder until a hemorrhage, spontaneous or traumatic, occurs, which is arrested with great difficulty. This first hemorrhage occurs, as a rule, before the fifth year. The

first hemorrhage is seldom fatal, but its severity and persistence should place the patient and his friends on their guard and prevent undue exposure in the future to injury of any kind.

The disease shows itself as external hemorrhages, interstitial hemorrhages or as swelling of the joints. The most severe form is found in men and manifests itself as external and interstitial hemorrhages, with swelling of the joints.

The interstitial variety, in which occurs ecchymoses and petechiae, are more frequent in women. A peculiar feature in this type of the disease is that parturition and menstruation do not often endanger life.

The external hemorrhages may be spontaneous or the result of traumatism. The spontaneous bleeding may come from the skin, mucous membrane or serous membranes. Statistics show that more than one-half of the spontaneous bleedings come from the nose. Next in frequency are those from the mouth, stomach, bowels, urethra and lungs.

From traumatism, the result of operations or accidents, it is found that even very small wounds are followed by profuse hemorrhage. Among the most dangerous operations to bleeders are leeching, extracting teeth and circumcision. The mode of bleeding is as an oozing from the capillaries. Often the bleeding is slight at first, but increases in quantity and rapidity until the amount of blood lost in twenty-four hours is enormous. The hemorrhage is frequently secondary, the amount of blood lost at the time of the operation being slight.

The process of healing in bleeders is not different from the same process in others. Interstitial hemorrhages are most frequently seen as ecchymoses, which appear often without their possessor knowing that any injury had been inflicted. These run the course of an ordinary bruise. Sometimes larger quantities of blood will appear in the tissues, forming a true hematoma.

The joint affections, while not always present, are quite prominent. There may be only pain in or about the joint and in the limbs, or there may be a swelling of the joint, which may be red, tender and immobile; or it may be swollen and white and waxy, similar to "white swelling"; or it may contain blood and the tendons and capsules be tinted by it. The first form of the joint disease is often mistaken for rheumatism and so treated, especially when associated with the pains in other parts of the limbs.

Only the larger joints are usually involved, the most common being the knee, then the elbow, wrist, ankle, etc.

What is the underlying pathologic state in hemophilia is not known. A lack of coagulating principles in the blood and too thin and fragile blood vessels are probably present in all bleeders, but why these should exist there is nothing to show.

The diagnosis is usually easy. A spontaneous or traumatic hemorrhage appearing in a member of a bleeder family or not, of such severity and con-

tinuance as to endanger life or greatly reduce vitality should be considered as being a hemophiliac, unless it should occur as follows: As the result of (1) the umbilical hemorrhages of infants, due to syphilis, jaundice, etc.; (2) purpura simplex; (3) purpura hemorrhagica; (4) infective purpura; (5) toxic purpura (6) simple hemorrhagic diathesis, in which we encounter severe hemorrhage from a slight wound without any history of previous trouble.

The prognosis is usually, if not always, grave. The younger the patient the more unfavorable the outlook. While the patient seldom dies in the first attack, and while there appears to be an apparent immunity with increasing years, yet one may die in a second attack, or seem to have outgrown the inclination to bleed only to die of a trivial wound in advanced years.

The prognosis is always worse in a boy than in a girl.

The treatment is prophylactic and treating the hemorrhage when it occurs. Prophylaxis is all-important. It has been found that there is not so much tendency to hemorrhage in a high altitude with slight humidity and even temperature, so such patients should seek such a climate. Every effort should be put forth to prevent accidental injury, and surgical operations should only be performed when it is a case of life or death. Teeth should never be extracted nor circumcision performed. Occupations free from risk to injury should be selected.

Bleeders should not marry. The treatment of hemorrhage in a bleeder should be conducted along usual surgical lines. Pressure is to be used if possible. Styptics are recommended and should be tried. Astringents, as alum, tannin, etc., may prove of service. Ergot is given internally, but is of less service here than in arterial hemorrhage. Gallic acid and some of the lime salts are said to be useful. If the hemorrhage comes from a tooth, dry plaster of paris forced down into the cavity in the jawbone and held firmly until it sets should be of great service. If the hemorrhage comes from a surface that is accessible, a pledget of cotton saturated in the compound tincture of benzoin and held firmly against the wound until it hardens will form a hard, inflexible coating which will hermetically seal the wound and prevent the passage of blood through it. Because the resin in it is not affected by water, it will remain hard and in place until soaked loose with alcohol.

The following case of severe hemorrhage recently came under my care:

Mr. H. C. H., age twenty-five, has had catarrhal symptoms, affecting the upper air tract, for a number of years; chief among these were excessive nasal secretion, laryngeal and pharyngeal irritation, exciting frequent clearing of the throat and dropping of mucus from the vault of the pharynx. Cough has never been a frequent or annoying symptom. The nasal passages are naturally large, so that the swelling of turbinated bodies and enlarged Luschka's tonsil have not greatly disturbed nasal respiration. His general health has been fair until the last four or five years, when he has had great annoyance from the desire to clear the throat and from the excessive secre-

tion from the nose. There has also been a lack of tone and a feeling of malaise and too great fatigue after labor, either mental or physical.

The family history is fairly good. The father and mother enjoy average health, and one sister, age eleven, is robust and hearty. A brother died of pulmonary tuberculosis three years ago. Three years ago I first saw the patient. He came on account of the symptoms before mentioned and periodic nasal obstruction.

Examination revealed enlarged Luschka's tonsil, hyperplastic and hypertrophic rhinitis affecting the anterior tips of the inferior turbinates chiefly. The mucous membrane of the pharynx, larynx and nasal passages was thickened, covered in patches with dry or partly dried, tenacious mucus, and was a livid red all over. The superficial blood vessels were enlarged and turgid, the whole surface appearing as if it might bleed at any time. The Luschka's tonsil was removed, the turbinates cauterized and treated with cleansing and detergent sprays, with relief of many of the annoying symptoms. Because of a great fear which had possessed him since the death of his brother, and on account of a slight impairment in health, he was advised to seek a higher and dryer altitude, which he did, remaining in Colorado about two months. While he did not think he was benefited greatly by his stay, he did return free from the old anxiety with which he went away. His lungs revealed no trouble before his start. After returning he entered a law school and graduated.

On May 18, 1900, he again presented himself for treatment, when it was found that the mucous membranes presented the livid appearance before mentioned, and that the posterior tips of the inferior turbinated bodies were much enlarged and that soft hypertrophies existed on each side of the septum. These were cauterized from time to time, the last cauterization being done on June 7. The 12th his nose was sprayed and the primary slough separated without a drop of blood. The 16th I found my telephone ringing on my return from lunch, when I learned that my patient was at his home with a terrible hemorrhage. When I arrived at the house I found him in the back yard cleaning his face, the hemorrhage having ceased. In an old scoop-shovel he had enough blood to reach more than half way to the front when the handle rested on the ground. This he had shoveled up off the ground after the hemorrhage had ceased. On the fence was sticking an old scab about five-eighths of an inch long and half an inch wide, which he had hawked from his throat. This was immediately followed by a profuse flow of blood from both nostrils until the blood clotted, when it flowed freely through the mouth. He then gave me this history of his actions since I had seen him four days before. On Thursday evening, on returning home, he was caught in the rain and ran about a square. When he stopped his head felt full and on clearing his throat he spit out a mouthful of blood. He dropped his head forward and the blood continued to flow while he walked half a

square to his home, and for about three minutes after he arrived there, when it ceased spontaneously.

Had been working hard to prepare the address as the president of the High School Alumni Association, which he had delivered the night before. After the address on Friday evening he stepped to the window and spit up a mouthful or two of blood. He danced for some time after this and then returned home. The hemorrhage occurred at noon Saturday.

About 4 o'clock the same day he came to my office. Examination showed the posterior nares and vault of the pharynx covered with clotted blood. An effort on his part to remove this was immediately followed by a gush of blood from both nostrils and the mouth. Although I had a catheter threaded with which to stop the hemorrhage, delay caused by the string breaking, requiring putting in another, permitted him to bleed an ordinary dentist's cuspidor, holding thirty-six ounces, level full before I could plug him, posteriorly and anteriorly. I sent him home in a cab, where he spent the night without any trouble, until Sunday (the next day) at 11 a. m., when I removed the plugs, to be rewarded by a very violent hemorrhage. New plugs were immediately introduced with complete arrest of the flow. I had just returned home and removed by bloody clothing when I was summoned to stop another hemorrhage, which came principally from the back, around the plug. At each of these times he lost a large amount of blood and was very pale and weak, with cold extremities and very feeble pulse.

He had no more hemorrhages until Tuesday at 1 a. m. I had made up my mind from the great amount of blood lost in a short time that I must stay with my patient or he would die, so I was in the house with everything in readiness to plug in an instant. He had now gone thirty-seven hours without loss of blood. The plugs were still in position, but hemorrhage came on just the same. The plugging was repeated again. At 2 p. m. bleeding recurred. Plugs removed and new ones put in. At 8 p. m. another hemorrhage. Plugging. Morning and evening hemorrhages large, noon smaller. The patient was pulseless at the wrist, with cold extremities and cold, clammy sweat. Anemic heart murmur. Great thirst; wanted to be fanned all the time. Mild delirium at times. Reaction pretty well established by midnight.

No more hemorrhages occurred until 8 p. m. Thursday, forty-eight hours after the last one. I was then getting ready to remove the plugs, when he told me he was bleeding. Only about one-half ounce of blood was lost before the plugs were removed and new ones put in. At 2 a. m. Friday he lost four ounces of blood. Bleeding was much slower and easier to control. Removed plugs at 5 p. m. Saturday without hemorrhage. Left the plug out. Had hemorrhage (one-third pint) at 8:30 p. m. Monday, after there had been no loss of blood for more than seventy hours, and after the plugs had been removed for fifty-one and one-half hours. Plugs were immediately reinserted. At 6 p. m. Wednesday plugs were removed without hemorrhage and none has occurred since.

This case of hemorrhage was to me a strange one. Up to the age of eighteen this patient had never manifested any of the ordinary symptoms of bleeders. He had no nose bleed, did not bruise easily, had no joint symptoms or any hemorrhage any place. At about this age nose-bleed was annoying at times and sometimes became profuse. He has indistinct recollection of a violent hemorrhage, requiring plugging, in a doctor's office seven years ago. No hemorrhage followed removal of adenoids, previous cauterization three years ago, nor at the present time, unless it can be stated that the violent hemorrhages referred to above came from that source. At first, because I could think of nothing else to account for them, I was inclined to think they must come from this source. But the wound was small, the hemorrhage great. It was not arterial, but dark blood, which flowed continuously and evenly, and there are no large vessels supplying the posterior tips of the inferior turbinated bodies. But most conclusive of all that it did not come from the cautery wound alone is the fact that a plug large enough to fill the posterior naris completely on the left side would not stop the hemorrhage, but one large enough to fill the vault of the pharynx would arrest it immediately, and such a plug would stop it even when the anterior naris was not plugged. Where did it come from then and what caused it? When the patient came examination showed some slight erosions in the vault of the pharynx, to which were sticking some inspissated mucus. These were so superficial that they were not thought of great significance. But my attention fixed on them more and more when I found only a wad of cotton large enough to firmly compress this area would arrest the bleeding. After bleeding stopped and I could examine the post-nasal spaces and pharynx, I found the vault very spongy looking and honey-combed with superficial ulcers, while the point of cauterization was only a healed cicatrix.

That the cauterization had something to do with the hemorrhage I believe, for, by the reaction it caused, the blood-vessels in the neighborhood were perhaps congested even more in an already greatly congested area. In addition to this, there was no doubt great fullness of all the blood vessels of the head at this time on account of unusual mental effort, embarrassment or excitement, which was kept up for hours. Add this to an abraded surface, covered with a scab which is ruthlessly torn away by hawking, removing the stay and support of over-crowded vessels, and it is possible that hemorrhage in a full-blooded individual should supervene.

The amount of blood lost was enormous and the bleeding was very rapid. I think it would have been impossible for any one to have gone any distance to reach the patient and arrived in time to stop the blood. I stayed with the patient a week, day and night, and slept in the house every night for two weeks, except one night when I was completely worn out and Dr. Cline kindly relieved me.

Careful inquiry reveals the presence of other bleeders in this family.



The mother has never been annoyed by excessive loss of blood, but she remembers well that her father lost great quantities of blood from the nose at frequent intervals. She has seen him sit with his nose bleeding for hours. The brother who died was always annoyed by nose-bleed, and the sister, at the beginning of an attack of measles, had a hemorrhage from the nose which caused the parents great anxiety.

The treatment of this case consisted in keeping the posterior nares plugged with a large plug of cotton tied to a smaller one in the anterior naris, with such local styptics and astringents as are commonly used, such as persulphate of iron, tannic acid, alum, vinegar, etc., none of which did any good, with ergot, gallic acid and nutritive elements internally and absolute quietude.

The present condition of the patient is fair. There is a little trouble in the apex of the right lung and some catarrhal symptoms still remain, although he is greatly improved in that way. He has been advised to seek a more stable climate than ours and make it his home.

SOME MEDICAL OBSERVATIONS OF THE GERMAN SPEAKING COUNTRIES.*

BY

J. F. BARNHILL, M. D.

Consultant in Diseases of the Nose and Throat, Indianapolis City Dispensary, Deaconess Hospital and Union State Hospital, Indianapolis, Ind.

Impressions of foreign peoples and customs that are obtained during a residence in a country of less than several years can scarcely be expected to be absolutely accurate, and hence what I here say should be construed as being the result of a rather limited observation and which a longer sojourn might materially modify.

Having previously spent a winter in the London clinics, I went this time directly to Berlin, which has an English-speaking colony estimated at 5,000, a goodly number of whom are physicians. Indeed, it may be truly said at present that the greatest number of American doctors seeking foreign training may be found in German-speaking countries. Every German professor of note has constantly at his elbows such a large number of American medical men as to form his most profitable clinical patronage. The language is the first and most formidable hinderance to the progress of the student. Few of the gentlemen whom I met spoke German well, and many neither spoke nor understood the language at all, depending upon observation alone for instruction. In so far as I know, the clinics in Berlin are given only in

* NOTE—Based on a recent autumn, winter and spring's residence in Berlin and Vienna, and an attendance upon medical clinics of these cities.

German, and the same is generally true in Vienna, although it is possible to get some good work in English in the latter city.

Devoting as I did the greater part of my time to ear, nose and throat work, my observations will refer more particularly to such clinics, although as often as possible I attended the services of celebrated specialists in other departments of medicine. The clinics of the University of Berlin are, unfortunately, separated widely, necessitating long journeys from one to the other and thus causing much annoyance and loss of time in keeping busy. Some of the clinic rooms are quite modern, well arranged and excellently equipped for the purposes for which they were intended. Such are those of Lucae for the ear, Frankel for the nose and throat, Koenig for general surgery and Wholsousen for obstetrics. But, however modern in appearance and excellently equipped these may be, they always give the impression that the Berliner must have a morbid fear or remarkable indifference to fresh air, for the rooms are usually so shut up by corridor doors and double windows that when filled, as they usually are, by a host of charity patients and a score of doctors, there is quickly produced an atmosphere not unlike that of an occupied cage in a zoological garden.

In Vienna nearly all the work may be seen in the one great general hospital, or its immediate vicinity. This is the world's largest hospital, and has about 3,000 beds. The structure dates from 1745, is two stories high, built of brick with stucco facing, and viewed from any street would easily be mistaken for a great barrack. It extends one or two rooms deep around nine courts, a walk through and around which gives the best idea of the great length of buildings were they stretched into a straight line. The courts are large, laid out with walks and quite well shaded, the European idea of planting fruit trees in public places being carried out, so that the great hospital gardens bear some resemblance to an Indiana orchard. The gateway for patients was to me a spot of never-ceasing interest, for through it throng continuously the suffering poor, not only of Vienna, but also to some extent of Austria and beyond. It is doubtful if there is anywhere else in the world another passage through which so much misery daily passes—the sum total of human affliction seeming here to be forever on its way in or out.

The rooms, though old and inexpensively built, are everywhere clean, and absolutely so wherever surgical work is done. I know of no hospital where greater attention is given to the technique of surgical cleanliness than here. As an example of the care in every detail pertaining to asepsis, I may relate that on the occasion of my first assistance at a surgical performance I had put on the regulation gown and sterilized myself according to requirements. However, when all seemed ready, I was informed that I must remove a plain gold band ring I was wearing and sterilize my hands again. A curiously strange custom is followed preparatory to giving an anesthetic. The patient is stripped absolutely naked and then wound up in